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I.

ARTIFICIAL URETHRA.

Operations for Artificial Urethra, performed at the Massachusetts General Hospital, and reported for the Boston Medical and Surgical Journal.

Case 1st.

Nov. 13, 1828.—Martin Diederrick, a Swede by birth, of large muscular frame and firm constitution, about twenty years ago had a gonorrhœa. Two years after, he began to have difficulty in passing urine, which has continued increasing ever since. Applied at the Hospital in August last, at which time the urine flowed guttatim from the urethra and from a fistulous opening in the scrotum. A bougie of the smallest size could not be passed. Began the use of caustic bougies, and at the end of a month the urine all passed by the urethra, and the opening in the scrotum closed ;—was discharged Sept. 26, and directed to continue the use of the bougies, and also the following:

R. Tr. Hydrarg. Oxy. mur. gtt. xxx.
Spt. Æth. Nitros. gtt. xv. M.
ter in die.

and, if not relieved, to return in about three months.

Has gained about a quarter of an inch by the use of the caustic, the bougie now passing four and a half inches ; urine passes more freely

through the urethra than formerly ; general health quite poor ; appetite small ; has daily and very severe chills and rigors ; flesh sufficiently good, but muscular strength much diminished. Was directed the Sulphate of Quinine, to which the chills and rigors gave way in a few days.

Dec. 29.—Has continued comfortable, occasionally endeavoring to pass a bougie, which invariably causes inflammation about the bulb of the urethra, and increased difficulty in passing the urine. Now has strong symptoms of approaching fever, for which he was bled, vomited and purged.

Jan. 7.—Health much improved, and is now judged to be sufficiently good to enable him to undergo an operation. Warm bath to-day. Let him have, three times a day, the following :—

Wine, 3 ij. in Decoc. Cascarillæ, 3 ij.

9.—Active cathartic to-day. Shave perineum.

10.—Cathartic not having operated, an active enema was administered at 11, A.M., which operated before noon.

Operation.—The patient was placed upon the table, and bound as for the operation of lithotomy ; a grooved staff was passed into the urethra down to the stricture ; a triangular flap was then dissected

from the perineum, beginning just behind the scrotum and extending towards the anus, where the base was about an inch in breadth. Dr. Warren then cut down upon the staff through the bulb of the urethra; he then attempted to seek out the natural passage by means of a probe, and having spent some time without success, he took a probe-pointed bistoury, and thrust it onward in the course of the urethra towards the neck of the bladder, it being guided by the finger passed into the rectum, and thus prevented from piercing its coats. The bistoury was successfully directed and passed into the bladder, and the passage was enlarged as the instrument was withdrawn, urine following it. A small silver catheter was then passed into the bladder, as was certified by a copious flow of urine through it, and was there confined by a ligature passed through its wings and under a bandage secured around the penis. The hemorrhage was slow, but, on account of the length of the operation, was considerable. Two small arteries were tied and the patient put to bed.

R. Tr. Opii, gtt. lx. statim.

Two hours after, the hemorrhage having ceased, the wound was closed by suture and adhesive plaster, and the whole secured by a compress and T bandage. Soon after dressing, the patient had severe chills and rigors,—was ordered warm wine and water and a heater to the feet,—soon got relief, and shortly after fell asleep.

Jan. 11.—Slept comfortably during the night; says he feels better than for a week before the operation. Pulse 120; two dejections this morning; water runs freely from the catheter. Penis and parts

about to be kept moist with hog's lard.

12.—Yesterday complained of pain in the bowels across the umbilicus. Hot fomentations to the abdomen half an hour.

R. Spt. Æth. Nitros. gtt. xxx.
Tr. Opii, gtt. xx. M.

every two hours, till bowels be relieved. This morning pain in the bowels continues, but less severe; slept well in the night; two dejections this morning; pulse 96, more full; tongue somewhat coated; some appetite.

R. Spt. Æth. Nitros. gtt. xx.
Tr. Opii, gtt. v. M.

every four hours.

R. Pil. Hydrarg. Submur. Comp.
every night.

13.—Yesterday much pain in the hypogastrium, with a sensation as if the catheter were passing the bladder. Catheter was withdrawn about three-fourths of an inch, with entire relief to pain. Pulse 90. Wound dressed; union has taken place in some parts; urine passes freely through the catheter, and through the wound when the stopper is in the catheter. Complaints of numbness in the thighs and legs; let them be rubbed with warm spirit and vinegar, equal parts, night and morning. Omit drops, unless pain require them.

15.—Pulse 80; tongue more clean; appetite increased; ligatures and sutures have come away, leaving the wound about half united; suppuration free. A large catheter introduced.

17.—Pulse natural; tongue nearly clean; some internal pain in the abdomen; costive; very little urine through the wound. Catheter withdrawn, and a large flexible metallic one introduced without difficul-

ty. Somewhat annoyed by cough. Was ordered a cathartic and cough mixture. Diet, shells in the morning; milk porridge or broth at dinner; tea at night.

20.—Much more comfortable; gains appetite; sleep sufficient.

22.—Cough gone; very little pain, and is annoyed only by weight of the catheter. Omit cough mixture.

25.—Mouth and gums sore; mercurial fætor. Catheter to be withdrawn and cleaned. Omit pill.

27.—Wound looks well; no urine passes through it; gets up to have the bed made without difficulty; much annoyed by sore mouth; takes but little food.

Feb. 4.—This morning the metallic catheter was removed, and a gum elastic one substituted; urine did not flow readily through this, and burst out through the wound; this was withdrawn and the metallic one replaced.

8.—Doing well; no urine from the wound.

12.—Catheter removed. About an hour after, the patient was in great pain, with a sensation of great distension of bladder, but could pass no water; none, however, came through the wound. The catheter was introduced again with relief, though with some difficulty, as the orifice of the urethra had become contracted and the parts about swollen; also some obstruction was met with at the wound.

15.—A very small portion of the wound remains unclosed; no urine passes through it, though a probe passed into it strikes the catheter. Touch the wound with Argent. Nitrat. daily. Catheter was again removed for an hour: some symptoms occurred as before, but with less severity.

28.—Complains of soreness and stiffness across the perineum; wound quite healed; catheter removed; to be passed daily.

March 18.—Gains strength; gets up and walks by the aid of crutches without complaint, except a pain running down the inside of the thighs, and stiffness of the knees; for which frictions with volatile liniment were used.

April 29.—Discharged well.

Case 2d.

April 23, 1829.—Mr. Patrick Bryan, æt. 26, about seven years ago, was exposed to *venereal infection*, as he supposed, and from an apprehension of evil consequences was induced to employ stimulating injections, hoping by such anticipation to avoid injury. After using such remedies for some time, he thought it safe to lay them aside; from that time he was well till four years since, when he began to feel some uneasiness in the urinary organs,—sometimes a smarting at the end or near the end of the penis; sometimes under the symphysis pubis, and in the bladder. Soon observed that he passed his urine oftener and by a smaller stream than usual. He noticed that the stream gradually diminished in size, that the pain at the end of the penis increased, and that he could not always void urine when he felt an inclination. He went on with more or less inconvenience in these parts till last winter, when he had a gonorrhœa. This he was cured of, by employing injections, in about a month. Three weeks after he thought himself well of the gonorrhœal infection, he had great heat, pain and soreness in the perineum; pain was increased by the passage of the water; the parts thickened and ulceration took

place, making two openings communicating with the urethra, through which openings the water constantly passes. There is now considerable inflammation in the perineum; the prostate, on examination per rectum, is found somewhat enlarged and indurated. Attempts have been made to reach the bladder with a catheter, but without success. The pain produced in these attempts is almost excruciating when the instrument reaches to about opposite the fistulæ. General health good; habits temperate.

24.—Attempted again to pass a catheter into the bladder, but did not succeed.

R. Solut. Mag. sulph. ʒiv.

Vesp. Balneum Teped. et repetetur in dies.

27.—Some want of success in the use of the catheter as before. Perineum much inflamed.

R. Pulv. Jalapæ,

Hyd. Submur. ʒā gr. x. M.

Appl. Perineo Hirud. No. xx.

29.—Stream of water better than when he entered the house; inflammation in the perineum greatly subsided; catheter cannot be passed into the bladder, but goes quite to its neck.

R. Solut. Mag. Sulph. ʒiv.

Vegetable diet.

May 7.—Consultation of surgeons to-day. The case was carefully examined and an operation advised.

10.—Patient chooses to submit to the operation, since that all attempts to get into the bladder have proved abortive.

13.—

Sum. Solut. Mag. Sulph. ʒiv.

14.—Operation at 11, A.M., by Dr. Warren.—The patient was

placed upon the table and the hands and feet secured, as for the operation of lithotomy. The perineum having been shaved, the *first incision* was made near the posterior part of the scrotum, and perpendicular to the raphe. This was an inch and a half in length, from the extremities of which two other incisions were made, extending toward the tuberosity of the ischia; the skin and cellular substance were then dissected up, forming a flap which contained the two fistulous openings.

The *next step* in the operation was to cut for the *staff*, which had been before passed into the urethra as far as the stricture. This was accomplished by making an incision through the membranous part of the urethra. Through this a *probe* was passed, coming in contact with the staff; the latter was then removed, and after a few minutes spent in varying the directions of the instrument to trace out the natural course, the probe passed into the bladder, and urine passed in a small quantity by its side. The urethra was tortuous and almost obliterated near the neck of the bladder. A director was now carried into the passage by the side of the probe, but could not enter the bladder till the probe was removed, nor then without much difficulty. The operator now passed in upon the director a probe-pointed bistoury, and succeeded in dividing the stricture, after which a silver catheter of good size was passed into the bladder and secured there. The *flap* was now secured by three sutures, dressings applied, and the patient removed to the ward. In a short time after this, there was very copious hemorrhage from the wound, but it was checked by cold applications;—very little bleeding

during the operation. In the evening fresh dressings were applied.

15.—Did not sleep much last night. Pulse 92; tongue slightly coated; no tension of the abdomen; no swelling of the scrotum; has had no hemorrhage since yesterday. Have no meat nor bread.

R. Sol. Mag. Sulph. ʒiv. et rep. in hor. 4ta si opus sit.

16.—Has been very comfortable; slept some yesterday and last night; no hemorrhage; no constitutional sympathy; water passes by the wound and by the side of the catheter.

17.—Last evening water passed through the catheter for the first time, but not very freely.

18.—Catheter removed, cleaned, and replaced without difficulty. Sutures removed yesterday. Wound healing rapidly.

23.—Less urine by the wound daily. Appetite good; no pain; sleeps well; slight excoriation of the scrotum produced by the water. Besmear the parts with simple cerate daily.

27.—Wound in the perineum is quite closed; catheter is removed and replaced without difficulty; cellular membrane of the scrotum over the right testis considerably inflamed, and productive of much uneasiness.

Scrotum cum. Decoc. Artemis.
Absinth. foveatur.

28.—

Appl. Scrot. Hirud. No. vi. Postea foment.

June 2.—Inflammation continues; no water now by the wound; catheter left out for three hours, then replaced easily. Repeat leeches.

6.—Warm bath, afterwards poultice to the scrotum.

R. Sol. Mag. Sulph. ʒiv.

8.—Appetite not so good as it has been; suppuration is going on in the scrotum; mucous discharge from the catheter, though he complains of no pain in the bladder.

R. Spt. Æth. Nitrosi, ʒi.

Tr. Opii, ʒi. M. sum. ʒi.
quaq. hor. 4ta.

Continue poultice to the scrotum.

10.—Catheter left out eight hours; passes water well, and has perfect control of the discharges; catheter replaced without difficulty.

12.—Abscess is formed; fluctuation of matter distinct; no mucous discharge now from the bladder; appetite returned. Continue poultice.

14.—Abscess opened; discharged freely. Catheter is left out for some hours daily.

17.—Abscess in the scrotum healing fast. Catheter is now removed in the morning. Patient walks about anywhere, passes his water with ease, and in all respects seems about ready for discharge.

II.

Communicated for the Medical and Surgical Journal.

PURPURA HÆMORRHAGICA.

A Case of Purpura, or as it is called by Dr. Good, Porphyra Hæmorrhagica, or Land Scurvy, successfully treated.

By JOHN P. WARREN, M.D. of Wardsborough, Vermont.

It is not, I am aware, from the unfrequent occurrence of insulated cases of a disease, that we

should, on common occasions, attempt to illustrate new principles in its pathology, or establish facts of general application in regard to its treatment. This is not designed in the present instance. My object is simply to present a statement of facts in the following imperfect report of an interesting case of *Porphyra Hæmorrhagica*. The curious and striking phenomena which the case presented, rendered it one of intense interest to me, and it did not, of course, fail to make a strong and deep impression.

On Monday evening, the 3d of last November, I was requested to visit Hollis Towne, aged twenty one years, a laborer, of temperate habits and good constitution. He informed me that on the Saturday preceding, while walking at night, he accidentally slipped and fell to the ground, which jarred him very considerably, but from the effects of which, he felt no material inconvenience, and next day (Sunday) rode from home on horseback, a distance of fourteen miles, in the enjoyment of apparently perfect health. Within an hour or two after performing this journey, without any of the ordinary precursive symptoms of indisposition, he was attacked with hæmorrhage from the nose. During the night and a part of the subsequent day it was profuse, but at this time, had, in some measure, abated. Cold water applied to the head, and numerous astringents in popular esteem snuffed up the nostrils, had been perseveringly tried, and with only temporary benefit. Early on the morning of the 4th his attention was drawn to a singular sensation in his mouth, an inspection of which, to his surprise, discovered numerous dark

spots resembling portions of coagulated blood. From these, blood was continually oozing.

On examination of my patient, I found the appearances corresponding with his description of them. The inner surface of the cheeks, lips, the gums and tongue, were studded with spots resembling blood-blisters, most of which had ruptured, and around which, as to nuclei, coagula had formed. Every part of the body, not even excepting the face and hands, was sprinkled over with purpurous spots. They were vesicular, varying in size, some being of the bigness of a split pea, others no larger than a pin's head, distinct, and containing black blood. I did not detect any upon the hairy scalp. They resembled precisely the inky petechiæ which I once noticed in an exhausted state of a patient from measles. On the arms and lower extremities, patches of the skin appeared analogous to parts from the effects of a bruise, or, not unlike examples of *Porphyra Senilis*, occurring on the hands and forearms of elderly people. In addition to these symptoms there was pretty profuse Hæmaturia; the urine deposited, on standing, a nearly equal proportion of blood. The patient estimated the quantity of blood lost at about four pounds, but this could not be exactly determined. The appetite was but little impaired, and the bowels were regular. He complained of head-ach over the orbits, and his face, notwithstanding the loss of so much blood, was flushed. Pulse feverish, full, but without hardness. Tongue moist and but slightly furred. There was an expression of anxiety in his countenance.

Reflecting on all the circum-

stances of this, to me at least, novel and interesting case, I was embarrassed to determine what were the leading indications. A question arose whether the hæmorrhage in the present instance was occasioned by the violence of the fall, or whether it was indeed spontaneous; whether it was in fact an entonic or atonic hæmorrhage. Had it been the result of the shock from the fall, it would, doubtless, immediately have supervened, and by the use of appropriate remedies, would soon have ceased. If we admit the existence of a rupture of vessels merely, which in spontaneous hæmorrhage has not, we think, been proved, how shall we account for those extravasations of blood in the dermoid and mucous membranes? Those appearances cannot perhaps be reconciled in any other way than by supposing that a general disease of the exhalants existed, and that the hæmorrhage was induced by anastomosis, or dilatation of the mouths of the vessels, as is maintained by Bichat and others. The absence of symptoms indicative of entonic action, or of inflammation of visceral organs, and the hue of the blood, did not at first view authorize the employment of farther depletion. On the other hand, the irritated full pulse, headach, flushed face, the hæmorrhage not profuse, together with the comparative inefficiency of the means employed to check it, determined me to adopt the antiphlogistic plan of treatment. Accordingly, I took twenty ounces of blood from a large orifice. Slight faintness was induced. The blood exhibited a thin buffy coat. The hæmorrhage entirely ceased for a few hours. Refrigerants to the

head and astringents to the nose and mouth, the principal of which were a saturated solution of alum in water, sulphate of zinc, borax and infusion of marsh rosemary, were, in the meantime, unremittingly applied. A low diet was enjoined. On Tuesday morning, the 5th, the symptoms of excitement had, measurably, subsided. The hæmorrhage recurred, though less profusely than on the preceding day. The number of purpurous spots upon the skin had diminished. The gums and interior of the mouth presented much the same dark, bleeding, fungous appearances as before. On the 6th was visited again; the above mentioned symptoms continuing, was bled to twelve ounces. Some aperients were administered, together with the use of gargles. The hæmorrhage now ceased entirely, the mouth and surface cleared up, and the patient was gradually restored to health.

The occurrence of cases of the species of *Porphyra* in question is, it is believed, extremely rare in warmer latitudes, and in the crowded cities of Europe; and in this country especially, amongst the hardy yeomanry of Vermont, "the bone and muscle" of our nation, it is presumed to be without parallel.

The young man, the subject of this memoir, had previously enjoyed uninterrupted health, with the comforts of life. Hence the obscurity of the pathology of the disease. The real pathology of the genus *Porphyra* is conceded to be congestion of the liver or adjacent viscera; and dissection, says Dr. Plumbe, has proved this to be no uncommon cause of the disease. The treatment of *Porphyra Hæmorrhagica* by venesection is no

new treatment. Dr. Parry of Bath, (Eng.) cured two patients speedily by two bleedings from the arm; and the distinguished Editor of the *Medico-Chirurgical Review*, states that during the last year, a man in St. Bartholomew's Hospital, under the care of Dr. Latham, was cured by "one bleeding and a few doses of aperient medicine containing calomel." Drs. Bateman and Good accord in recommending the same plan, "for," says the former, "if marks of febrile irritation are considerable, and the spontaneous hæmorrhage not profuse, local and general bloodletting may, doubtless, be employed with great benefit."

III.

MEDICAL MEMORANDA.

Anatomical Dissection.

THE following memorandum was written by the late Major Cartwright, of London, and found among his papers about a fortnight after his death. It shows an ardent and disinterested zeal for the welfare of mankind, which is highly honorable, and forms a strong contrast with the grovelling ideas on this subject displayed by some modern legislators.

"The importance to society of medical knowledge is obvious. Medical knowledge must be founded on anatomical knowledge; and, in proportion as physicians and surgeons are skilled in anatomy, will be their usefulness. That all students in surgery should *practically* study anatomy is doubtless necessary, since the mere *theory* to be learned from books cannot qualify a surgeon to perform difficult and delicate opera-

tions; nor can those who study medicine expect to improve their science unless they shall add to books a practical study of anatomy.

"Reflecting on the foregoing considerations, and also recollecting that the separation of the atoms of our bodies by worms is unavoidable, it seems desirable, for the benefit of society, that they should previously be dissected by the teachers of medicine and surgery.

"It is therefore my wish, that, very soon after my decease, my corpse may be committed to the care of my friend, Dr. Harrison, (if at that time in London), or to Mr. Cline, or to the last attending physician, to be removed to Surgeons' Hall for dissection, in a regular lecture, and then immediately deposited in its coffin, ready for being conveyed to the place of interment. But all this, relative to dissection, to be on condition of Dr. Harrison, Mr. Cline, or such last attending physician, engaging for the punctual observance of what I wish to be done, to the entire satisfaction of my executors, on whose consent the whole must depend. My own wish is simply that my body, after death and before its decomposition, may be instrumental in promoting the good of mankind."

The Oath of Hippocrates.

I SWEAR by *Apollo* the Physician, by *Æsculapius*, by *Hygia*, and *Panacea*,* and by all the *Gods and Goddesses*, that, to the best of my power and judgment, I will faithfully observe this oath and obliga-

* The daughters of *Æsculapius*, and esteemed Goddesses of Health.

tion. The *master* that has instructed me in the *art*, I will esteem as my parents, and supply, as occasion may require, with the comforts and necessities of life. His *children* I will regard as my own brothers ; and, if they desire to learn, I will instruct them in the same *art* without any reward or obligation. The *precepts*, the *explanations*, and whatever else belongs to the *art*, I will communicate to my own children, to the children of my master, to such other pupils as have subscribed the *Physician's Oath*, and to no other persons. My *patients* shall be treated by me, to the best of my power and judgment, in the most salutary manner, without any injury or violence ; neither will I be prevailed upon by another to administer pernicious physic, or be the author of such advice myself ; nor will I recommend to women a *pessary* to procure abortion, but will live and practise chastely and religiously. *Cutting for the stone* I will not meddle with, but will leave it to the operators in that way. Whatever house I am sent for to, I will always make the patient's good my *principal aim*, avoiding as much as possible all voluntary injury and corruption, especially all *venereal matters*, whether among women or men, bond or free. And whatever I see or hear in the course of a cure, or otherwise, relating to the affairs of life, nobody shall ever know it, if it ought to remain a secret. May I be prosperous in life and business, and forever honored and esteemed by all men, as I observe, and not confound, this solemn *oath* ; and may the reverse of all this be my portion, if I violate it and forswear myself.

Prayer of Dr. Good.

We subjoin to the above the following form of Prayer, which was habitually offered every morning by the late Dr. Good. It was his particular desire that it should close the future editions of his *Study of Medicine*.

"O THOU great bestower of health, strength, and comfort ! grant thy blessing upon the professional duties in which this day I may engage. Give me judgment to discern disease, and skill to treat it ; and crown with thy favor the means that may be devised for recovery ; for, with thine assistance, the humblest instrument may succeed, as, without it, the ablest must prove unavailing.

"Save me from all sordid motives, and endow me with a spirit of pity and liberality towards the poor, and of tenderness and sympathy towards all ; that I may enter into the various feelings by which they are respectively tried ; may weep with those that weep, and rejoice with those that rejoice.

"And sanctify thou their souls, as well as heal their bodies. Let faith and patience, and every Christian virtue they are called upon to exercise, have their perfect work ; so that in the gracious dealings of thy Spirit and of thy providence, they may find in the end, whatever that end may be, that it has been good for them to have been afflicted.

"Grant this, O heavenly Father, for the love of that adorable Redeemer, who, while on earth, went about doing good, and now ever liveth to make intercession for us in heaven. Amen."

BOSTON, TUESDAY, JULY 7, 1829.

PERSONAL DEFORMITIES.

WE present to the readers of this number Mr. Cooper's dissection of the foot of a Chinese lady, and a case, from one of the French Hospitals, of pulmonary hernia from tight lacing. As the two seem connected by a very natural association, we give the articles consecutively. The tyranny of fashion is limited to no region, either barbarous or civilized. However severe or unnatural the penance she enjoins, none dare resist or even murmur at her authority; and the variety of torture to which man and womankind willingly subject themselves in compliance with absurd customs, is truly marvellous. The degree of surprise, however, with which this universal propensity is calculated to inspire us, cannot but be influenced by the degree of knowledge and cultivation with which it is accompanied. That the savage islanders should tattoo their skin, or the Caribs flatten the heads of their children, seems to us less wonderful than that a comparatively refined nation should doom the fairest of their numbers to deformity and lameness; while the folly of this is again eclipsed by that which under advantages of education so much superior, we occasionally witness nearer home. We will not however pursue this topic farther, convinced as we are by experience how little is to be gained by moralizing on the follies of fashionable life; and could it be useful under any circumstances, it would still be out of place in this

connection. The articles themselves seem to us to merit an attentive perusal.

Anatomical Description of the Foot of a Chinese Female. By BRANSBY BLAKE COOPER, Esq.

THE foot, of which an account is here given, was obtained from the dead body of a female found floating in the river at Canton, and had all the character of deformity consequent upon the prevailing habit of early bandaging, for the purpose of checking its natural growth. To an unpractised eye, it has more the appearance of a congenital malformation than of being the effect of art, however long continued; and appears at first sight, like a club foot, or an unreduced dislocation. From the heel to the great-toe, the length of the foot measures only four inches; the great toe is bent abruptly backwards, and its extremity pointed directly upwards, while the phalanges of the other toes are doubled in beneath the sole of the foot, having scarcely any breadth across the foot, where it is naturally broadest. The heel, instead of projecting backwards, descends in a straight line from the bones of the leg, and imparts a singular appearance to the foot, as if it was kept in a state of permanent extension. From the doubling in of the toes into the sole of the foot, the external edge of the foot is formed, in a great measure, by the extremities of the metatarsal bones; and a deep cleft, or hollow, appears in the sole, across its whole breadth. The author gives a minute anatomical description of all these parts, pointing out the deviations from the natural conformation. He remarks, that from the diminutive size of the foot, the height of the instep, the deficiency of breadth, and the density of the cellular texture, all attempts to walk

with so deformed a foot must be extremely awkward ; and that, in order to preserve an equilibrium in an erect position, the body must necessarily be sent forwards with a painful effort, and with a very considerable exertion of muscular powers.

Hernia of the Lungs from tight Stays.—A girl, sixteen years of age, who had menstruated regularly, lately presented herself to Mr. Breschet, at the Hôtel Dieu, requesting his advice with regard to a tumor in the region of the neck. This tumor, the dimensions of which varied, equalled when at its maximum the size of the fist. It occupied the right side of the neck ; extending from the clavicle, behind which it arose as high as the thyroid cartilage ; it was larger beneath than above ; the skin which covered it was unchanged. On examination of the tumor it was found to be of soft consistence and elastic ; it disappeared entirely when pressed from above downwards, and without inwards ; it reappeared when the pressure was removed. It was also found on inquiry that it became particularly prominent when the young woman wore *tight stays*. It was perfectly indolent, and no beating was felt in it. What was the nature of the tumor ? The lobes of the thyroid gland were perfectly distinct ; it had neither the character of a phlegmon nor of an abscess, nor of an aneurism. The stethoscope became of much assistance in this case, for on applying the instrument to the tumor the respiratory murmur was distinctly heard. No doubt therefore existed of its being formed by the upper part of the lungs forced out of the cavity of the chest. What is to be considered as the cause of this pulmonary hernia ? Doubtless it depended on the habit which this patient participated with many young persons, of wearing very tight stays, which prevent the lungs from dilating, except at the upper part.

M. Breschet directed the girl to

leave off wearing stays, and intended to apply pressure over the tumor.

To the above we will only add the following paragraph from the Baltimore American. It announces a case of hepatic hernia from the same cause.

Sudden Death.—A colored woman died suddenly on Thursday last, while standing at a table ironing clothes. The body was opened by a physician who had been called in. It appeared that the deceased had been in the habit of *tight lacing* to such a degree, as to force the liver from its natural seat. The more immediate cause of her death was the rupture of a blood vessel near the heart.

QUARANTINE LAWS.

LATE researches have given rise to an opinion that quarantine laws, as they exist in most countries, are founded in a false notion of the propagation of diseases, and are productive of injury rather than advantage. There is no proof, say the supporters of this doctrine, that any of the diseases which it is the object of these regulations to keep at a distance, are contagious in any proper sense, or can be conveyed from the locale where they are produced, and sown in distant and different regions. The yellow fever, they add, when carried into England, does not spread there. Hospitals at Constantinople have been filled with the plague imported from the Levant, and a free communication kept up with the citizens, and not one in twenty of those exposed received the disease. Again, while the same pestilence was raging in Turkey, a free intercourse was continued with Persia, yet the inhabitants of the latter remained unaf-

fectcd. The inference is therefore drawn, that these diseases cannot be propagated except under those circumstances of soil and climate by which they are produced, and that when conveyed to other countries by persons suffering with them, they remain limited to these individuals, and are not communicated by them to others with whom they chance to come in contact.

If these views are correct, the laws imposing quarantine on vessels coming from infected parts are equally unjust and impolitic; since it would follow that they cause embarrassment, delay, and expense, without any countervailing advantage. Unfortunately, however, there are too many facts yet unexplained, and too much uncertainty hanging over the doctrine of contagion, to permit us to acquiesce implicitly in these conclusions. It is an acknowledged ignorance of the laws which govern disease, that has dictated the existing systems of quarantine as measures of precaution against possible evils; and until this ignorance has been enlightened by an accumulation of evidence, we may do well to err on the safe side rather, than by adopting new theories, to incur unnecessary danger.

IMAGINARY DISEASES.

THAT hypochondriacal feeling which leads men to magnify trifling complaints into serious disorders, and even to imagine themselves sick when enjoying excellent health, is often a cause of great perplexity to the physician consulted. If he attempts to convince the patient of his

delusion, and to persuade him that no disease is present, he is met with obstinate incredulity, and his judgment or skill is at once called in question. Some treatment therefore seems to be absolutely necessary, and the use of a placebo of some medicinal substance which can do no harm, and will quiet the nerves of the patient, becomes almost inevitable. On the whole, however, these pious frauds should be opposed, as should deception of every other kind;—the ingenuity of the physician will be much better employed in bringing the *malade imaginaire* back to a correct mode of thinking, than in encouraging a delusion at the hazard of losing the esteem and confidence of the patient whenever time shall dispel it. If the disease be of a surgical character, the threat of an operation will perhaps cure it, on the same principle that the tooth-ach is so often relieved by the mere sight of the dentist or his ugly instrument. This expedient however is not always successful. But if the disease is of such a nature as we usually find it, plain dealing will be more expedient than deception; here, as every where else, unless it be perhaps in political life, honesty is certainly the best policy.

SEA-SICKNESS.

WE presume that few discoveries in science would be hailed with more pleasure by that numerous class of persons obliged to cross the ocean, than that of a remedy for sea-sickness; it is a little singular that not only no cure has been pretended to be found for it, but that

not even any plausible means have been suggested for alleviating its symptoms. Among the various diseases, including even consumption in its last stages, cancer, scrofula, and almost old age itself, which have been *certified* as cured by various quack medicines, the malady in question is not to be found. By the faculty also, sea-sickness has been altogether too much overlooked, and we are glad to find in the late publication of a medical traveller, an instance in which its occurrence appeared to be prevented by medical agency. The patient, a lady of rank, was a fellow-passenger with Dr. Grenville on board the packet from Dover to Calais. Knowing that she had suffered greatly from sea-sickness in former voyages, the doctor administered to her, just before embarking, forty-five drops of laudanum. She remained perfectly well, without vomiting or even nausea, during the whole passage. On his return to England Dr. G. tried the remedy on himself, and met with equal success.—We notice this case in the hope that others may be induced to try the same experiment. Some medical student will doubtless cast his eye over this article, and if it is his happy lot to enjoy the prospect of a visit to the European Hospitals and Schools, let him note this case for the future benefit of himself and his friends; and those even who have only in view a short excursion around Point Judith, may seize the opportunity to try an experiment which, if successful, will give them the glorious distinction of being the first to ruin the sale of one of the choicest Scraps of Mr. Johnston.

Subjects for Dissection.

The English bill for preventing the unlawful disinterment of human bodies, after discouraging any further provisions for that purpose, enacts that persons convicted of such disinterment shall be liable to be punished by six months imprisonment for the first offence, and two years for the second. The Secretary of State for the Home Department is to appoint annually not fewer than seven Commissioners, (the majority not being physicians, surgeons, or apothecaries,) empowered to license schools of anatomy for dissection. The commissioners are to hold meetings once a quarter, and may meet, if they think fit, at other periods. They are, at all meetings, to choose a chairman, who, in case of an equality of votes, is to have a double vote. The Home Secretary to appoint a treasurer and clerk to the commission. Persons applying for licenses are to give notice, eight weeks before the quarterly meeting. The license is to continue in force 13 calendar months, and a fee of £5 must be paid on receiving the same.—The Secretary of State may appoint commissioners or persons visitors to inspect schools of anatomy. Visitors are empowered to summon persons before them to give evidence respecting the execution of this act, and persons so summoned neglecting to appear, or refusing to be examined, are liable to a fine not exceeding £50. The commissioners are empowered to make rules for the regulation of dissecting schools. The bodies of persons dying in prisons, hospitals, or workhouses, if unclaimed within 72 hours, to be delivered for dissection to licensed teachers. It is made lawful for executors, administrators, &c., to deliver up the bodies of persons who may have bequeathed their bodies for dissection. Special licenses for dissecting may be granted to individuals, for which the fee is 2*l*. Bodies to be decently buried after dissection.—

Among the penalties are the following, namely,—for keeping a school of anatomy without license, 100*l.*; for removing a body without license, 50*l.*; for dissecting at unlicensed places, 50*l.*; for not complying with the regulation of the commissioners, 50*l.*; for neglecting to register certificates, 50*l.*; for omitting to bury bodies after dissection, 50*l.*; for delivering bodies to unlicensed persons, 20*l.*—Persons considering themselves aggrieved by a judgment under this act, of any justice or justices of the peace, may appeal to the quarter sessions within four calendar months. The act is to commence from the 1st of July next, and is not to extend to Ireland.

Artificial Limbs.—A London paper states that a poor lad, named Thomas Cargill, who had been bitten by a shark whilst bathing in the river at Sierra Leone, was brought before the Lord Mayor by Mr. Laundy, the Surgeon's Instrument maker of St. Thomas's and Guy's Hospitals, that his lordship might see what could be effected by mechanical aid. The lad had lost both his hands, and was perfectly helpless. On his return to England a benevolent gentleman interested himself in his behalf and gave him a letter to the Lord Mayor, who sent him to Mr. Laundy, with directions to do all he could for him.

He exhibited a pair of instruments by which he was enabled to dress and undress himself, buttoning and unbuttoning his own clothes; another set by means of which he could lift and carry great loads; another by which he could carve his own food and help himself to anything he wanted. But the most extraordinary of all, was an instrument that enabled him to write, and also to teach others to write. The poor fellow with this instrument wrote his name in the presence of the Lord Mayor, and astonished every body in consequence of the facility with which he

did it—and it was the opinion of every one that he was not only capable of writing himself, but of teaching others.

Glass Teeth.—The proprietors of a Belgian Journal have offered a reward of 1000 florins to any person who will make known a composition, used in Austria, or an equivalent one, against decayed teeth. This composition, when in a phial, resembles glass infusion, but when poured into the cavities of the carious teeth assumes the hardness and permanency of cold glass.

Diseases of Children.—An infirmary has been established in New-York for the treatment of diseases of the bowels. The object is to collect facts relative to the best mode of treating those bowel complaints of children, which are so prevalent and fatal in the summer season in most parts of the United States. The institution is under the counsel and inspection of Drs. Pascalis, Osborne, Mitchell and Reese. All Physicians in the Union are invited to forward to the Infirmary a statement of such practice as may prove successful during the present season, in the various bowel complaints they may have to manage. The gentlemen contemplate publishing the result of their observations in a volume, and offer a copy to any Physician who shall furnish any important information on the subject. All communications to be sent to No. 316 Broadway, N. Y.

Feigned Diseases.—A man became notorious in the British army for possessing a powder, which given to a man would produce symptoms exactly resembling those of diseased heart. By means of this medicine great numbers procured exemption from duty. The trick was discovered, and the powders examined. The substance proved to be the helleborus albus; and it appeared that the enormous dose of 3*i.* had been

sometimes administered without fatal consequences.

Vicarious Menstruation.—A woman, 19 years of age, was carried to the Hôtel Dieu, with an extensive burn upon the arm, the skin of which was almost entirely destroyed. Her catamenia had been previously suppressed; and for five months after the accident a sanguineous discharge took place regularly from the burned surface, at the periods of menstruation. The treatment was directed to restore the function of the uterus, but, at the time the case was reported, had been unsuccessful.

Fatal Error in the Diagnosis of a Tumor.—A peasant boy received a blow on the left temple; a tumor was developed, which was supposed to be encysted, and extirpated. The excision was immediately followed by profuse hæmorrhage, which was arrested by compression, and Dr. Krimer sent for, who found the patient in convulsions which soon terminated in death. The extirpated tumor was an aneurismal sac communicating with the middle meningeal artery, by an opening situated between the squamous border of the temporal and the corresponding portion of the parietal bone. The middle meningeal artery was of the size of a finger fifteen lines lower than the opening. A depression in the brain under the aneurismal dilatation existed, which contained one and a half ounces of bright blood.

Journ. fur Chirurg.

Extirpation of a Wen.—M. Lisfranc has recently extirpated a very large wen from a negress, situated above the clavicle, and having prolongations under this bone. The external jugular vein, which passed through the whole vertical diameter of the tumor, was dissected and preserved; the subclavian artery and vein were laid bare; the pleura was visible at the bottom of the wound.

The patient recovered without any unfavorable occurrence.—*Jour. Générale de Médecine.*

Reduction of a Luxation of five months standing.—M. Lisfranc has succeeded in reducing a luxation of the head of the humerus forwards, of five months standing. To avoid the accidents, that have lately occurred from attempts at reducing old luxations, M. L. commenced by making at first slight extension, and gradually increased it.—*Ibid.*

Aneurism by Anastomosis, successfully treated by tying the Carotid.—Dr. Arendt, of St. Petersburg, has successfully treated a case of aneurism by anastomosis on the right side of the head, by applying a ligature to the right carotid artery.

Aneurism of the Right Primitive Carotid, successfully treated.—There is an account in the *Annali Universali di Med.* for September, 1828, of a case of aneurism of the right primitive carotid, successfully treated by Dr. A. Molina, of Pavia, by means of the ligature. The operation was performed in the manner recommended by Professor Scarpa.

Medical School of Yale College.—Drs. Thomas Hubbard and William Tully have been unanimously nominated by the corporation of Yale College, as Professors in the Medical School attached to the Institution, to supply the vacancy created by the decease of Dr. Smith.

REPORT OF DEATHS IN BOSTON,

The week ending June 26, at noon.

Of brain fever, 1—consumption, 8—croup, 1—drowned, 1—dropsy on the brain, 2—inflammation, 1—infantile, 1—old age, 1—unknown, 2. Males 6.—females, 13. Total, 19.

DIED.—In Westford, Dr. Horace Parker, of Gardner, æt. 33.—In Norwich, Conn., Dr. David Rogers, æt. 88, an active Surgeon in the Revolutionary War.—In Plainfield, Dr. Jared Fuller, æt. 48.—In Tolland, Conn., Dr. Gurdon Thompson, æt. 62.—In Lancaster, Dr. Abijah Phelps.

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In preparing for the American press the English translation of the well known and highly useful work of M. Collins, which translation has passed through three editions in England, the Editor thinks he can render it more acceptable by dispensing with the various prefaces and introductory remarks which encumber the last edition, and by substituting in their place an entirely new introduction, which is intended to embrace the amount of all that is important in the prefaces alluded to, as well as that which is contained in various abstracts and reviews which have appeared of treatises upon the different methods of investigating thoracic diseases, and in some other works which are not generally before the profession in this country.

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By SAMUEL SHELDON FITCH, M.D., Surgeon Dentist. *Denticum curam habeto ut bene digeras et diu vivas; laxatis dentibus laxantur et chylaceos officinae; hinc mille malorum occasiones.*—Baglivi XIII. March 17.

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LONDON STATIONARY, &c.

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